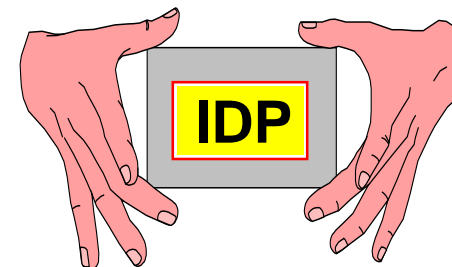


ARMY CIVILIAN TRAINING, EDUCATION & DEVELOPMENT SYSTEM (ACTEDS)

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INDIVIDUAL DEVELOPMENT PLAN FOR LEADERSHIP TRAINING



NAME OF PARTICIPANT: _____

ORGANIZATION: _____

POSITION TITLE & GRADE: _____

DATE: _____

**SIGNATURE OF
EMPLOYEE:** _____

SUPERVISOR: _____

TITLE OF ACTEDS TRAINING INITIATIVE	REQUIRED IN THIS JOB?	DATE ATTENDED?	DATE NOMINATED?	TARGET ATTENDANCE DATE	IF NOT TARGETED, EXPLAIN
-------------------------------------	-----------------------	----------------	-----------------	------------------------	--------------------------

Sustaining Base Leadership & Management (SBLM)	Yes	No				
PME II	Yes	No				
PME I	Yes	No				
OLE	Yes	No				
LEAD	Yes	No				
ACTION OFFICER COURSE ST7000 (Corresp)	Yes	No				
ST6000 (Mgr Corresp)	Yes	No				
ST5001/2 (Supv Corresp)	Yes	No				

TITLE OF ACTEDS TRAINING INITIATIVE	NEEDED IN THIS JOB?	DATE ATTENDED?	DATE NOMINATED?	TARGET ATTENDANCE DATE	IF NOT TARGETED, EXPLAIN
OTHER:					
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				
	Yes No				

